

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1


The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 10	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Constable Robert		OFFICE USE ONLY Date Received JUL 7 11 23 AM '98 FILED		
	NICKNAME LAST SUFFIX Bob VANN				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10801 Rush Rd Austin TX 78732				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Becky J.		Receipt #		
	NICKNAME LAST SUFFIX VANN		HD / PM Amount Date Processed Date Imaged		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10801 Rush Rd Austin TX 78732				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 266 - 2500				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 98 6 / 30 / 98				
10 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Constable Pct 2		12 OFFICE SOUGHT (if known)		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name N/A				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2

FORM. C/OH
COVER SHEET PG 2

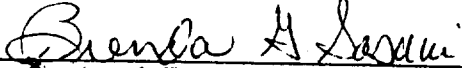
19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert VANN, this the 7 day of July, 19 98, to certify which, witness my hand and seal of office.

 Brenda G. Sasaki
Signature of officer administering oath Print name of officer administering oath notary public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **1**

2 FILER NAME

Bob VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/3/98

5 Full name of contributor

J. David EVANS

☐ out of state PAC

7 Amount of contribution (\$)

100

8 In-kind contribution description(if applicable)

6 Contributor address; City; State; Zip Code

13809 PANARAMA Dr, Austin, TX 78732

9 Principal occupation

Self-employed

10 Employer (optional)

Date

Full name of contributor

☐ out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule B: <u>1</u>	
2 FILER NAME <u>Bob VANN</u>				3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$					
5 Date	6 Full name of pledgor <u>N/A</u> <input type="checkbox"/> out of state PAC			8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code					
10 Principal occupation			11 Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC			Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code					
Principal occupation			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC			Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code					
Principal occupation			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC			Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code					
Principal occupation			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC			Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code					
Principal occupation			Employer (optional)		

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Bob VANN

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

☐ out of state PAC

N/A

9 Loan Amount (\$)

6 Is lender a
financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none13 GUARANTOR
INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out of state PAC

Loan Amount (\$)

Is lender a
financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Bob VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

6 Payee address;

City; State; Zip Code

N/A

8 Purpose of expenditure

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

Payee address;

City; State; Zip Code

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

Payee address;

City; State; Zip Code

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

Payee address;

City; State; Zip Code

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Bob VANN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

N/A8 Amount
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount
(\$)☐ Reimbursement
from political
contributions
intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H: 1
2 FILER NAME Bob VANN		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name N/A	7 Amount (\$)
6 Business address; City; State; Zip Code		
8 Purpose of payment		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

Bob VANN

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payor name**8** Amount
(\$)**6** Payor address; City; State; Zip Code**7** Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

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